SERIAL NO. MULTIPLE DEPENDE VT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) FILING DATE 19/177 26/ APPLICANT(S) 9-30-00 **CLAIMS** AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED IND. IND. DEP. IND. DEP. IND. DEP. IND. (1) DEP. IND. DEP. <u>(10)</u> 1. (19) ı • ٠., 86 37) . 39 TOTAL TOTAL TOTAL DEP. TOTAL WHAT WE IS SOME TOTAL I NO PERSONAL PROPERTY.
